

**FINANCIAL INSTITUTION BOND**  
Standard Form No. 15, Revised to June, 1990

**Bond No.**

**Houston Casualty Company**  
(Herein called Underwriter)

**DECLARATIONS**

**Item 1.** Name of Insured (herein called Insured)

Principal Address

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**Item 2:** Bond Period: from 12:01 a.m. on \_\_\_\_\_ to 12:01 a.m. on \_\_\_\_\_  
(MONTH DAY YEAR) (MONTH DAY YEAR)

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**Item 3:** The Aggregate Liability of the Underwriter during the Bond Period shall be:  
\$ \_\_\_\_\_

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**Item 4:** Subject to Sections 4 and 11 hereof,  
the Single Loss Limit of Liability is \$ \_\_\_\_\_  
and the Single Loss Deductible is \$ \_\_\_\_\_

Provided, however, that if any amounts are inserted below opposite specified Insuring Agreements of Coverage, those amounts shall be controlling. Any amount set forth below shall be part of and not in addition to amounts set forth above (if an Insuring Agreement or Coverage is to be deleted, insert "Not Covered.")

Amount applicable to	<u>Single Loss</u> <u>Limit of Liability</u>	<u>Single Loss</u> <u>Deductible</u>
Insuring Agreement (D) – FORGERY OR ALTERATION	\$	\$
Insuring Agreement (E) - SECURITIES	\$	\$
Optional Insuring Agreements and Coverages	\$	\$

If "Not Covered" is inserted above opposite any specified Insuring Agreement or Coverage, such Insuring Agreement or Coverage and any other reference thereto in this bond shall be deemed to be deleted therefrom

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**Item 5:** The liability of the Underwriter is subject to the terms of the following riders attached hereto:

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**Item 6:** The Insured by acceptance of this bond gives notice to the Underwriter terminating or canceling prior bond(s) or policy(ies) No.(s) \_\_\_\_\_  
such termination or cancelation to be effective as of the time this bond becomes effective.

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By: \_\_\_\_\_  
Authorized Representative